

MTM Pharmacist Pilot: Reimbursement Guidelines

Medication Therapy Management (MTM) Reimbursement Guidelines: The Case Rates for MTM Covered Services are described below:

Service Description	Modifier Code	Case Rate	Payment Limits	Units
Targeted Disease States (Juvenile Asthma or Diabetes)	U1	\$55.00	2 Months	1 unit for each case rate
Medium-High Risk	U2	\$55.00	3 Months	1 unit for each case rate
Critical, High Risk	U3	\$75.00	6 Months	1 unit for each case rate
Exceptions (Requires appropriate approval)	U4	Rate based on level of care modifier	Limit based on appropriate approval	1 unit for each case rate

The below CPT codes will be used to indicate the services the member received:

CPT Code	CPT Code Description
99605	Medication therapy management service(s) provided by pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; new patient visit, initial 15 minutes
99606	Medication therapy management service(s) provided by pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; established patient visit, initial 15 minutes
99607	Add-on code for each additional 15-minute increment
98966	Telephone assessment and management services provided by a qualified non-physician health care professional to an established patient. 5-10 minutes
98967	Telephone assessment and management services provided by a qualified non-physician health care professional to an established patient. 11-20 minutes
98968	Telephone assessment and management services provided by a qualified non-physician health care professional to an established patient. 21-30 minutes

Pharmacist will bill the appropriate CPT code (99605 for a new patient or 99606 for an established patient) in conjunction with the service modifier to receive appropriate case rate reimbursement. To track and report time, if a visit lasts more than 15 minutes, pharmacist will also submit 99607 with an additional unit for each 15-minute increment. *Please note, CPT 99607 code is for informational purposes only and does not impact the claims payment.* MTM services provided by Indirect (telephonic) must be submitted using 98966, 98967, or 98968.

Pharmacist must complete and upload an MTM exception (ME) form to the CCT for any service limit exceptions. Claims submitted beyond the risk-based maximum limit as described in this section may be subject to recoupment unless a MTM exception (ME) form is received. The MCOs will review the ME form for completeness to determine reimbursement appropriateness based on the guidelines provided by TennCare. Upon billing, the U4 modifier is to be addressed on the claim as the second modifier. The pharmacist might need to submit MTM exception form to each MCO subject to MCO requirements.

Only one Case Rate payment will be made per member per month based on the pharmacist who submits the first claim for the billing month. If member switches pharmacist in the middle of treatment the limit will follow the member (e.g. High-Risk level member had 2 visits with first pharmacist. The new pharmacist only has 4 visits remaining). Members who change risk categories (i.e. from medium high to critical) are eligible for service limits

equal to the higher risk service payment limit. The claim must be submitted within the timely filing guidelines outlined in the provider administration manual.

Billing Examples:

High Risk Level Member

- Example One: New High-risk member has one-hour visit with pharmacist in January
 - Bills 99605, Modifier U3
 - Bills 99607, x 3
- Example Two: Same member as above has fifteen-minute visit with pharmacist for February
 - Bills 99606, Modifier U3, or
 - 98967 (if telephonic)
- Example Three: Same member as above has thirty-minute visit with pharmacist for March
 - Bills 99606, Modifier U3
 - Bills 99607, or
 - 98968 (if telephonic)
- Example Four: Same member as above has forty-five-minute visit with pharmacist for April
 - Bills 99606, Modifier U3
 - Bills 99607, x 2

Medium-High Level Member

- Example Five: New medium-high level member has thirty-minute visit with the pharmacist for March
 - Bills 99605, Modifier U2
 - Bills 99607
- Example Six: Same member as above has thirty-minute visit with the pharmacist for April
 - Bills 99606, Modifier U2
 - Bills 99607
- Example Seven: Same member as above has fifteen-minute visit with the pharmacist for May
 - Bills 99606, Modifier U2

Targeted Disease States Level Member

- Example Eight: New Targeted Disease States level member has thirty-minute visit with the pharmacist for March
 - Bills 99605, Modifier U1
 - Bills 99607
- Example Nine: Same member as above has thirty-minute visit with the pharmacist for April

- Bills 99606, Modifier U1
- Bills 99607

- Example Ten: Same member as above has one-hour visit with the pharmacist for May
 - Note: If it is determined that additional clinical services are needed, pharmacist must complete and upload an MTM exception (ME) form to the CCT and use the appropriate billing codes.
 - Bills 99606, Modifier U1, U4 and Bills 99607, x 3